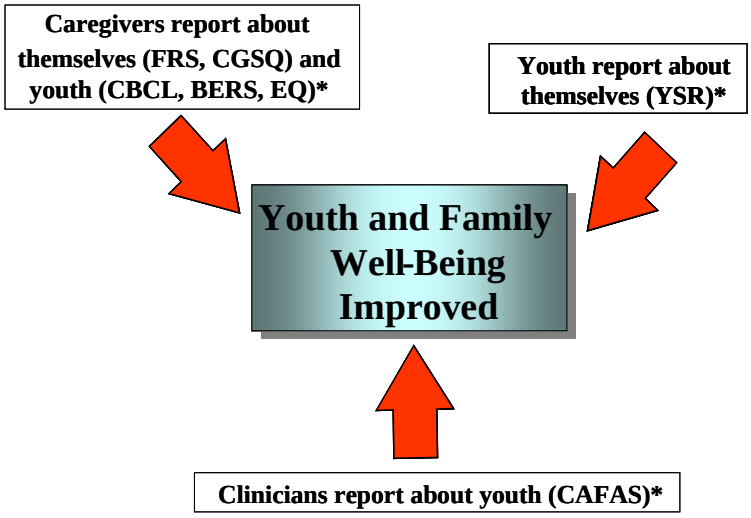
Center for Mental Health Services

What We Learned - Highlights from the Utah Frontiers Project Final Report, 2004

The Bottom Line. Interviews, assessments, and cost/services data from many sources all pointed to the same conclusion:

There was great improvement in the social functioning and well-being of families and their youth with serious emotional disturbances who have been involved in the new system of care in six frontier Utah counties.

Parents (Caregivers), Clinicians, & Youth Report Positive Findings

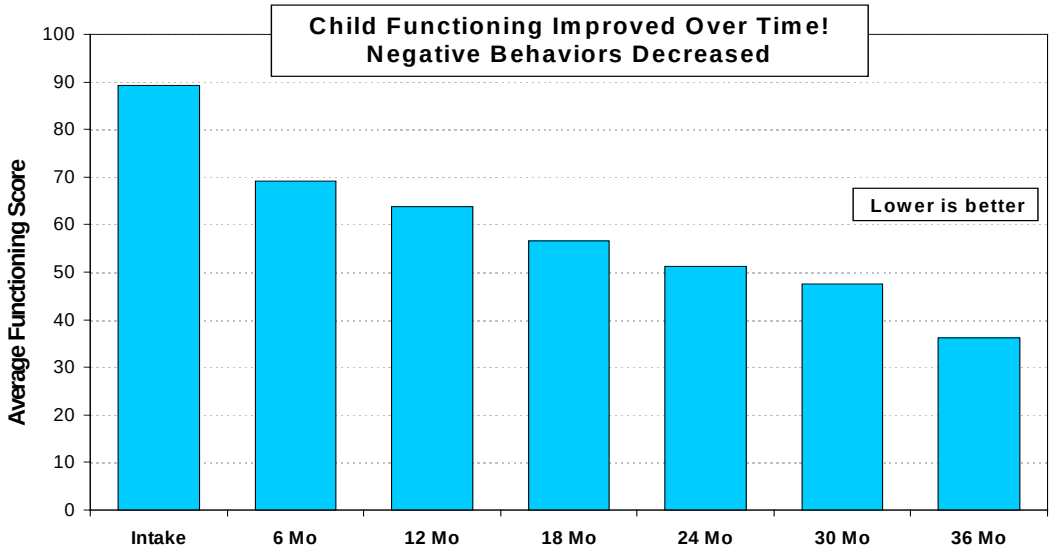


* see full report for explanation of measurement acronyms

Our confidence in results increases when different people report similar findings.

Youth Function Better

These results clearly demonstrated that youth negative behaviors, such as aggression, decreased. Positive behaviors, such as participating in family activities, increased. Emotional health problems, such as depression, were reduced. Youth behavioral, emotional, and social functioning in the homes, schools, and communities all improved. For example, expulsions, detentions and suspensions from school decreased.



Caregiver and Home Situations Improve

Parents also reported improvements in their own emotional, social, and material resources. For example, caregivers felt that their stress was reduced, they had more time to spend with friends and family, and financial and household needs were more secure.

Average Service Costs Drop Over Time

Average costs for services per child dropped significantly over time. This decrease was in spite of a tendency for costs to increase in the first 12 to 18 months that families were involved in the system of care. By the third year, costs per child decrease dramatically. This provides evidence that, while family facilitation/advocacy created additional costs, overall costs still declined substantially.

Services Receive Positive Ratings

In addition to the positive family and youth outcomes presented above, when asked about the services they received,

- **81%** of parents felt their needs were well met by the system, and
- **59%** named the family facilitator/advocate as the "especially helpful family team member."

70% of caregivers consistently chose the highest satisfaction ratings when asked about many aspects of services received (e.g., "The provider's respect of family's beliefs about mental health" and "Action steps were developed to meet the long-term goals").

Wrap Teams & Family Facilitators/Advocates Add a New Dimension to Services

Family team (wrap) meetings and family facilitators/advocates were likely the key to the success of the new system of care. We might expect a new system of care with new "kids on the block," (family facilitators/advocates) would experience turf issues with agency staff.

However, most traditional professional staff said things were going better when family facilitators/advocates were included…

- **93%** said collaboration increased
- **84%** said interactions of staff with the family became more strengths-based
- **91%** said service effectiveness increased
- **82%** said family facilitators/advocates made the professional's job easier

Also, most professional staff valued Family Team Meetings…

- **91%** said they were a valuable use of their time
- **75%** said the meetings were more positive when family facilitators/advocates were there

Research Study Details

The research was independently conducted by the **Early Intervention Research Institute at Utah State University.** Respondents included 251 caregivers, their youth (11 years old and older), the family mental health clinicians, and staff from other agencies. More than 1,150 interviews were conducted at 6-month intervals for up to three years.

To see Final Report, go to www.dsamh.utah.gov

Utah State University

Family (Wrap) Teams and Family Facilitator/Advocates:
Key Findings From Interviews With Professional Staff and Caregivers, 2004

I. UFP Family Team Meetings

1. The samples of professional staff members and caregivers were experienced and knowledgeable about UFP Family Team Meetings (Charts 1, 6 and 7). The majority of **professional staff members** interviewed thought that Family Team Meetings encouraged

- more collaboration among agencies (Chart 2),
- more strength-based interactions with the family (Chart 3),
- more effective services (Chart 4), and
- valuable use of staff time (Chart 5).

2. **Caregivers** noted that the most valuable experience with their Family Team was

- feeling emotionally support by the Family Team,
- getting advice and/or information about resources, services, coping strategies from team members, or
- experiencing coordination and seeing teamwork in action.

3. **Caregivers** reported diverse Family Team compositions. On average, six persons worked together on a Family Team. According to their descriptions in Charts 10 and 11, a typical Family Team would include:

- youth receiving services,
- parent or caregiver,
- Family Facilitator/Advocate,
- Mental Health staff (therapist or clinician),
- Education personnel (i.e., guidance counselor, principal, teacher), and
- someone from another agency (e.g., DCFS).

4. The majority of **caregivers** interviewed think that Family Team Meetings

- were held often enough (Chart 8),
- met their child's and family's needs well (Chart 9), and
- had an "especially helpful team member," who was usually their Family Facilitator/Advocate (Chart 12).

II. Family Facilitators/Advocates (FF/As)

1. **Professional staff members** identified many important components of a FF/A's role in providing wraparound services (Chart 13). Even when asked to chose <u>one</u> activity as "the most important part" of the FF/A's role, most professional staff members chose two activities - and not always the same two activities (Chart 14). The following five activities received the most agreement:

- Providing the family with information about services and supports available to families.
- Emotionally supporting the family, especially the primary caregiver.
- Creating informal community supports.
- Explaining services in layman's terms.
- Preparing the families to participate with agencies in meetings.

2. The majority of **professional staff members** agreed that FF/As
   - make meetings more positive for families (Chart 15),
   - increase the strength-based approach to services (Chart 16),
   - increase service effectiveness (Chart 17),
   - make the staff member's job easier (Chart 18), and
   - are "partners" in the working relationship (Chart 19).

3. **Professional staff members** also offered suggestions for improving the job performance of FF/As. The majority of suggestions concerned a perceived need for continuing training in specific aspects of wraparound and in legal or educational policies.

4. One goal of wraparound was to offer a new type of service to families: a Family Facilitator/Advocate. Most **caregivers** in this sample remembered having experiences with a FF/A. However, a number of families (25 of 157) reported no recollection of having an FF/A who worked with them and their child. Data collectors for the longitudinal study also reported to the USU evaluators that caregivers sometimes do not seem to realize that the FF/A is employed by the mental health agency. Instead, the caregivers view the FF/A as a well-informed, trusted, caring neighbor or member of their community who was there when the caregiver needed help.

5. **Caregivers** overall agreed that a FF/A
   - interacted with them about the right amount of time (Chart 22),
   - met their child's and family's needs well (Chart 23),
   - provided a wide variety of services (Chart 24), and
   - provide help that was "Excellent" (Chart 25).

Conclusions

One general impression from these results is that UFP Family Team meetings and FF/As make good business sense. Families involved with the state-run social services system in these study areas are being well-served with a system that is more effective, more resourceful, and makes more efficient use of staff time.

Another general impression is that both UFP Family Team meetings and FF/As contribute to family and staff morale. Professional agency staff and caregivers reported that the collaborative work environment increased accountability for all parties and increased their appreciation for the strengths and efforts of other team members, including family members.

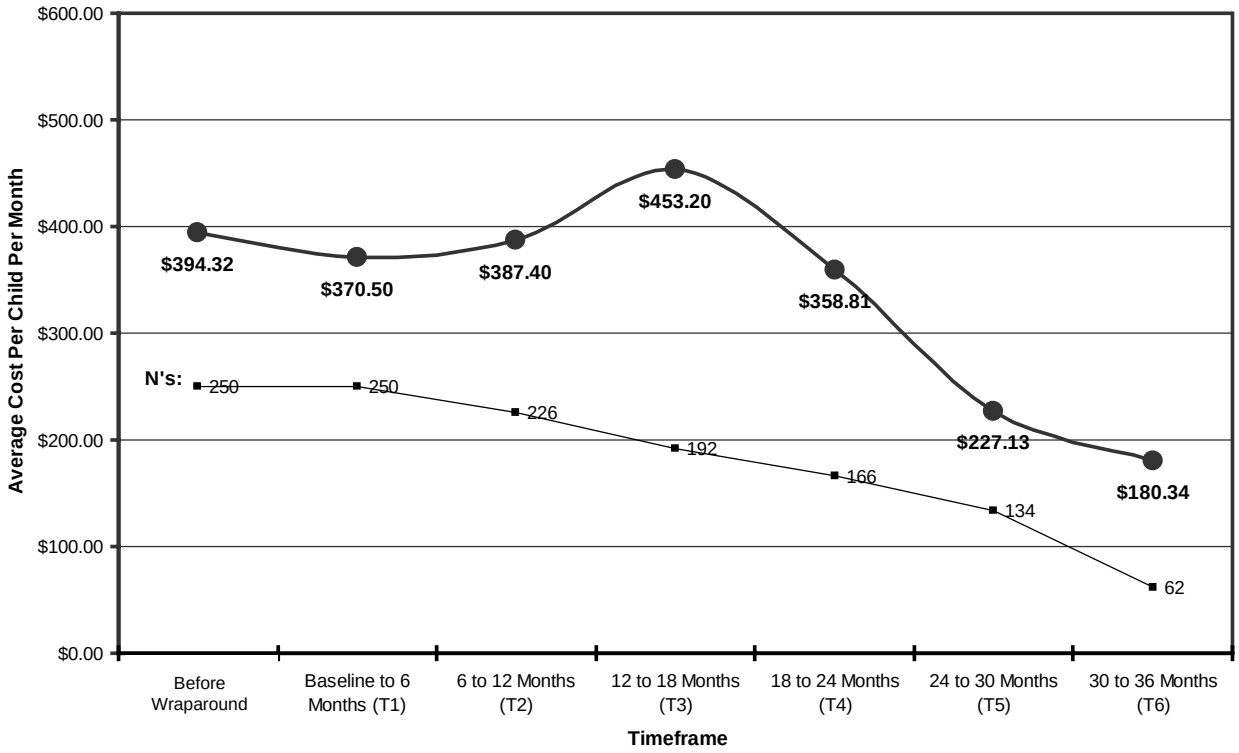
It seemed clear that professional staff members and caregivers in these samples saw UFP Family Teams as a valued service system innovation. It appeared that most agreed that FF/As were a key (some respondents said "the key") ingredient in the success of UFP Family Teams in bringing about positive changes for youth categorized with serious emotional disturbance (SED) and their families.

This statement of Key Findings is taken from a larger report titled "What Did Caregivers and Agencies Report After Using Wraparound? - A Utah Frontiers Project Report of Caregiver and Agency Staff Interview Responses." For more information or a copy of the full report, please contact Glenna Boyce at Glenna.Boyce@usu.edu

Service Costs Decreased Over Time

Average Cost per Child per Month by Timeframe

(Costs include all DCFS, MIS, Family Facilitator/Advocate, Team Meeting costs)



DCFS = State Division of Child & Family Services database; MIS = Southwest & Four Corners Behavioral Centers databases; Family Facilitator/Advocate time logs, Team Meeting rosters. N's = Number receiving services in each timeframe.

- Average cost per child dropped significantly.
- Although family facilitation/advocacy added an additional cost, overall costs declined.
- Given the nature of SED, some children need continued intervention. However, adequate investment provides long-term savings.

Notes below table present highlights of table, and /or associated information not shown in table.